FAMILY SIZE (BEFORE TAXES) \$2,622.00 \$3,299.00 4 \$3,975.00 DOB: PATIENT NAME: \$4,652.00 \$5.329.00 Each Additional Family Member Add \$677 to the previous monthly income amount PATIENT SSN: * These amounts change around April of each year, based on the publication of the Federal Poverty Levels (FPL). WHEN CALCULATING FAMILY SIZE: ADDRESS: COUNT: DO NOT COUNT: Expectant mother • Father of child – if he & expectant mother are Unborn child (if expecting more than one child, not married count each expected unborn child, e.g., twins = Any dependent children not living in the home 2, triplets = 3) with expectant mother Other dependent children living with expectant Step-parent(s) or in-law(s) if expectant mother is **FAMILY MEMBERS IN HOUSEHOLD:** under 21 & living with step-parents or in-law(s). Expectant mother's spouse If expectant mother is under 21 & living with parents, count parents and siblings under 19 WHEN CALCULATING MONTHLY INCOME AMOUNT DO NOT: Derive Monthly Payroll Amounts by: Count income of any dependent children (whether or not they live in the home with Multiplying weekly income by 4.33 multiplying bi-weekly income (paid every expectant mother two weeks) by 2.16 Count income of step-parent(s) or in-law(s) if expectant mother is under 21 & living with step-Count income of: parents or in-laws Expectant mother Expectant mother's spouse Parents' income (if expectant mother is TOTAL # OF FAMILY MEMBERS IN HOUSEHOLD: under 21 & living with parents) Include other income sources, such as social security, disability, pensions, child support, alimony, cash gifts, interest and annuities INCOME:

WHO TYPE OF		HOW MUCH?						MULTIPLIERS		MONTHLY SUBTOTAL
WHO	INCOME	Per Hour	X Hrs./Wk	\$ Per Wk.	\$ Every 2 Wks	Per Month	Per Year	Weekly	Bi-Weekly	
								4.33	2.16	
								4.33	2.16	
								4.33	2.16	
								4.33	2.16	
								4.33	2.16	
								4.33	2.16	
								MONTH	Y TOTAL	

|--|

PRESUMPTIVE ELIGIBILITY - INCOME WORKSHEET

2014* FINANCIAL CRITERIA:

MONTHLY INCOME AMOUNT